I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below

Dated: Feb. 23, 200 F Signature:

Docket No.: 105159-0019

(PATENT)

FEB 2 5 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Gregory B. Altshuler et al.

Application No.: 10/033,302

Group Art Unit: 3739

Filed: December 27, 2001

Examiner: D. M. Shay

For: METHOD AND APPARATUS FOR EMR

TREATMENT

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Response to Office Action (16 pages);
- 2. Request For Extension of Time;
- 3. Fee Transmittal (1 page); and
- 4. Return Postcard

Our check in the amount of \$268.00 covering the required fees is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which

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Application No.: 10/033,302 Docket No.: 105159-0019

should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 141449, under Order No. 105159-0019.

Dated: Feb 23, 2004

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Respectfully submitted,

Reza Mollaaghababa Registration No.: 43,810

NUTTER MCCLENNEN & FISH LLP

World Trade Center West 155 Seaport Boulevard

Boston, Massachusetts 02210-2604

(617) 439-2000

Attorney for Applicant

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FEE TRANSMITTAL			Complete if Kn wn							
			Application Number				10/033,302-Conf. #8214			
for FY 2004			Filing Date				December 27, 2001			
Effective 10/01/2003, Patent fees are subject to annual revision.			First Named Inventor Examiner Name				Gregory B. Altshuler D. M. Shay			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit				3739			
TOTAL AMOUNT OF PAYMENT (\$) 268.00	Attorney Docket No.				105159-0019					
METHOD OF PAYMENT (check all that apply)	<u> </u>		FEE CALCULATION (continued)							
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SUBMITTED BY						(Complete	(if applicable))	==		
Name (Print/Type) Poza Mollagghababa Registration No. 43 910 Telephone (617) 439 20										
Signature (Attorney)				Date (23, 204)						
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Fee Transmittal

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Dated: Feb.

Signature: _

(Reza Mollaaghababa)